

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | SL | | 3-15-01 |
| O.I.P.E. CLASSIFIER | | 1250 | 4/19/01 |
| FORMALITY REVIEW | not | 571 | 07/23/01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
| 1 | ✓ |
| 2 | ✓ |
| 3 | ✓ |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy

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 7-24-01